

POSITION	INITIALS	ID NO.	DATE
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FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	535	11-27-01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓	..... Rejected	N	..... Non-elected
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-	(Through numeral)..... Canceled	A	..... Appeal
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If more than 150 claims or 10 actions  
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